Individual Plan of Care for a Child With Special Health Care Needs or Disabilities

Child's Name:	Date of Birth/
Special health care need or disability:	
	or other emergency. An individual plan of care is necessary lity and it is necessary that special care be taken or provided
Other relevant information:	
Other relevant information.	
Signature(s) of the Parent(s):	
	/

Note: Section 19a-79-5a(a)(2)(E) requires a child's Health Record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Section 19a-79-4a(h)(2)(H)(viii) requires that the health consultant shall assist in the review of individual care plans as needed.

Please use reverse side of this form for signature(s) of all staff responsible for the care of this child.

Signature of the staff responsible for					(name of child)
Printed Name	Signature	Date Signed	Printed Name	Signature	Date Signed